110 Volunteer Application Checklist

☑ Application

☑ Volunteer Record Check

☑ 2 Completed Volunteer Personal Reference Questionnaires

Return the completed documents to your Regional Coordinator prior to date of training. You may keep copies if you desire.

If you questions, do not hesitate to contact the Volunteer Coordinator.

Volunteer Health Services

Kathlene Duhe
Volunteer Coordinator / Human Resources Personnel Technician I
Florida Department of Health - Broward County
780 S.W. 24th Street
Ft. Lauderdale, FL 33315
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VOLUNTEER ENROLLMENT APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone / Home Telephone / Cell Phone

Email: _____ _____

Emergency Contact Telephone Number

What type of volunteer position are you interested in? _____

List any professional license, registration, or certificate you currently possess (include certificate/license number): _____

List any special skills, interests, or hobbies: _____

List any special considerations or needs: _____

List two personal references not related to you whom you have known for more than one year:

NAME NAME

ADDRESS ADDRESS

CITY/STATE ZIP CITY/STATE ZIP

PHONE PHONE

List your most recent volunteer or employment experience:

EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

JOB TITLE DATES OF VOLUNTEER/EMPLOYMENT

Specify the days and time frames you are available to volunteer: _____

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?
Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

_____

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

_____ ____/____/____

Signature Date

INTERVIEWER'S COMMENTS
(For Agency Use Only)

Date of Interview: ___/___/____ **Interviewer's Name:** _____

_____

_____

_____

Screening Required: Yes _____ **No** ___X___ **Date Screening Completed:** _____

Date Orientation Completed: _____

WORK ASSIGNMENT
(For Agency Use Only)

_____ _____

Program **Location**

_____ _____

Supervisor **Date of Placement**

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.

Florida HEALTH

VOLUNTEER RECORD CHECK

I, _____, hereby grant
Print Full Name: First Middle Last (Maiden, if applicable)

permission to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the Department of Health Volunteer Program.

_____ _____
Social Security Number Date of Birth

_____
Race/Sex

_____
Complete Address City State Zip

_____ _____
Signature Date

Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant _____ Date Completed _____

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? _____
2. To your knowledge, has the applicant ever been convicted of a crime? _____
3. Do you consider him/her to be of good moral character? If no, please explain. _____
   _____
4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____
   _____
5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
6. Do you have any additional comments concerning the applicant's character or reliability? _____
   _____
7. What is your relationship to the applicant? _____

_____ _____
Reference Signature Name (please print)

_____ _____
Address Telephone

_____
City State Zip

Volunteer Personal Reference Questionnaire

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   _____
7. What is your relationship to the applicant? _____

Reference Signature _____ Name (please print) _____

Address _____ Telephone _____

City _____ State _____ Zip _____